

**PROTOCOLS, MEDICATIONS AND DEVICES COMMITTEE  
MINUTES  
FEBRUARY 22, 2001**

Members Present:

Janine Anderson  
Dr. Steven Curry  
Patricia Ellis  
Dr. John Gallagher  
Marc Holyfield  
Sue Kern  
Dr. Richard Thomas

BEMS Staff Present:

Ramona Cajero  
Dr. Garth Gemar  
Peggy Lahren  
Larry Lorenzen  
Dona Markley  
Karen Nelson  
Susan Nicolas

Members Absent:

Dr. Charles A. Finch  
Eric Heckerson  
Rob Jarvis  
P. Dean Wright

Guests Present:

Mike Baros  
Dr. Toni Brophy  
Mark Daily  
Jim Hayden  
David Leinenveber  
Dr. Kay Lewis  
Terry Mason  
Jim Roeder  
Mark Venuti

**I. CALL TO ORDER**

The meeting was called to order at 1:08 p.m. by Dr. Richard Thomas. A quorum was present.

**II. APPROVAL OF MEETING MINUTES**

Being as there were no corrections or additions to the minutes from November 17, 2000, they were approved as submitted.

**III. CHAIRMAN'S REPORT**

Dr. Thomas had nothing new to report.

**IV. OLD BUSINESS**

- A. Protocols and Guidance Documents in 9 A.A.C. 25, Article 8** - Dona Markley, BEMS Rules Analyst, stated that the Committee's task is to condense the best practices of the regional triage and treatment protocols into a State approved and promulgated set of protocol guidelines that will represent a statewide minimum standard of care. Dr. Thomas advised the Committee that he and Dona Markley met with Dr. Gemar to confirm that the Department continues to support this effort.

Dr. Gemar stated that the Bureau wholeheartedly supports the ongoing efforts of the Committee. He stated that these protocol guidelines will represent the minimum standard of care expected of an EMT and will become part of the EMT's scope of practice. Although these protocol guidelines will represent a statewide minimum standard of care, nothing will preclude a region, a locality, or a wilderness area from a modifying a protocol guideline to exceed the minimum triage and treatment standard, if it is appropriate for a specific area. However, the Bureau will expect that if any substantive variation is introduced into a protocol, it be brought to the attention of the Bureau for evaluation purposes.

- B. Guidance Documents for Treatment Protocols** - Dona Markley distributed Protocol Guidance Documents for 4 treatment areas previously reviewed by the Committee including:

1. Respiratory
2. OB/GYN
3. Cardiovascular
4. Pediatrics

She then passed out a samples of some of the Respiratory Difficulty and OB/GYN treatment protocols in a new guidance document format. The Committee discussed the new format and decided to have separate flowchart documents for each EMT level.

Dr. Thomas distributed a document titled "Statewide Emergency Medical Services Standards for Nonphysician Triage and Treatments." This document lists the emergency medical service standards by types of standard and assigns the different sections to Committee members to map out as Protocol Guidance Documents. The Committee discussed the document and determined that the document adequately represents all the sections the members of the Committee want to pursue, but that "Chest Pain" should be added to the Cardiovascular section. It was noted that this document is not up to date. The regional information is incorrect. Dr. Thomas said that he will get the regional information corrected and have an updated document to give out at the next meeting.

Regarding the assignments, it was determined to have Dr. Finch and Dr. Gallagher take over the Neurological Section and Dr. Finch take over the Behavioral Section.

**V. NEW BUSINESS**

- A. Use of Epinephrine in SVN's for Pediatric Patients** - Dr. Thomas suggested that Dr. Brophy check into this procedure and get back to him with her research results. Dr. Brophy said that there was no problem in her doing this. Dr. Thomas asked for a Motion for this suggestion. Pat Ellis motioned and the motion was seconded by Dr. Gallagher with a request for discussion. He felt this subject is possibly being rushed. Motion was denied unanimously. Dr. Gallagher then motioned to pass use of Epinephrine in SVN's for Pediatric Patients. Motion was seconded by Dr. Curry. Motion passed unanimously.
- B. Utilization of IV Magnesium Sulfate in Treatment of Asthma Patients** - Janine Anderson presented the subject and after Committee discussion, it was decided to drop this piece of business.
- C. Requirements for Using AHA Guidelines** - A discussion on paying a fee to the American Heart Association for the use of their guidelines ensued. It was determined that this subject was information only and required no action by the Committee.

**VI. CALL TO THE PUBLIC**

- A. Shortage of Naloxone** - Dr. Curry and Dr. Thomas presented a discussion on the current shortage of Naloxone. Dr. Thomas stated that there are four companies that produce Naloxone. They are Abbott, Baxter, Elkins-Sinn and Endo. At the beginning of this year, Elkins-Sinn announced they were dropping a number of their products including Naloxone (of which they were a major producer). This produced a shortage of this drug. Because of relatively long production times of producing each drug, the other three companies will not be able to make up for this shortage for a period of time. Endo said it would take until the first part of May to put out ampuls of this drug. Baxter stated that they have no idea when they could get a supply out, hopefully "soon." Abbott has the

only distributable supply, but when Dr. Thomas checked with different pharmacies, he was told that the drug is on backorder; so we don't know what Abbott's distribution priority is. Abbott did say they should have some out by the end of March, but it will be in the form of 1mg/1ml ampuls only. Dr. Thomas feels that the shortage problem is short-term and we should be okay by the end of May at the latest. But until then, we need to find an alternative such as Nalmefene to hold us over. A discussion on Nalmefene as an alternative ensued, a main part of the discussion being that Nalmefene's effects last about two times longer than Naloxone which could cause a concern. Dr. Thomas' final points on the subject were:

1. If we use an alternative drug such as Nalmefene, after the shortage of Naloxone is over and, after a year or so, we don't have any more shortages, should we discontinue the EMT/Paramedic training on the use of Nalmefene or keep it as a backup to Naloxone?
2. Dr. Gemar was asked that if there are regions that are currently out of Naloxone, such as the Western Region, can we get an alternative drug out to them in the next few weeks instead of months? Dr. Gemar said that, in an emergency, the Bureau can request, as a pilot project, from the Director to allow an alternative drug in those regions. Since we are calling it a "pilot project," the Director has the prerogative to authorize the project without getting the Medical Direction Commission's input.

**V. NEW BUSINESS (Continued)**

**D. Future Meeting Agenda Preparation and Referrals** - The Committee discussed the follow-up action required as a result of the meeting:

1. Dr. Thomas will notify Dr. Finch of his protocol guidance document assignment.
2. Committee members will review and revise the assigned protocol guidance documents and submit them in draft format to Dona Markley by April 1, 2001. Ms. Markley will then begin the process of converting the documents into a standardized format.
3. Protocol Guidance Documents will be on the May 17, 2001 PMD Committee agenda.
4. Naloxone Shortage will be on the May 17, 2001 PMD Committee agenda.

**VI. CALL TO THE PUBLIC (Continued)**

**B. Article on "Super-aspirin" and IV Infusion Monitoring List/New Drug Profiles** - Janine Anderson had copies of an article from a Flagstaff newspaper titled "Is Super-aspirin Super-deadly?" available for the Committee members. She also requested that the next time the Bureau sends out a new IV Infusion Monitoring List to the hospitals, they include the new drug profiles.

**VII. NEXT MEETING**

The next regular meeting of the PMD Committee is scheduled for May 17, 2001 at 1:00 p.m.

**VIII. ADJOURNMENT**

The meeting was adjourned at 3:17 p.m.

Approved by PMD Committee on 5/17/01